

Case 2:05-cv-01237-WKW-WC Document 4 Filed 01/20/2006 Page 1 of 1

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Amtren Corporation 5320 Perimeter Pkwy. Montgomery, AL 36116-5124</p> <p>S4C 05-1237</p> <p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, August 2001</p>		<p>A. Signature X Denise Causey <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Denise Causey</p> <p>C. Date of Delivery 10-05-06</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

7003 0500 0000 1375 3314

Domestic Return Receipt

102595-02-M-1540